

Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

A Public Document

1. Agency Name County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number (510) 272-3882 E-mail crystal.hishida@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title Oakland A's Game Face Value of Each Admission \$ 1568.00

Description Baseball Game Date(s) 05 / 11 / 12

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: Oakland A's
Name of Source


Was the distribution to persons identified below made at the behest of an agency official?

Yes ☒ No ☐ If yes: Lockyer, Nadia- Supervisor District 2
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none">Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	
Lycett, Jeanne	20	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a community volunteer for her service to the public.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

 I have verified that the distribution of admissions, set forth above,
MICHELLE DIANDA Ticket Administrator
Print Name Title
3/29/12
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)